

# MID VERMONT CHRISTIAN SCHOOL

MAILING ADDRESS:  
399 West Gilson Ave.  
White River Junction, VT 05001-9527



STREET ADDRESS:  
399 West Gilson Ave. at Route 4  
Quechee, VT 05059

## SELF-ADMINISTERED MEDICATION FORM

### PHYSICIAN'S ORDER:

Name of child: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time/Frequency: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

- Child is knowledgeable about this medication and how to administer it.
- Child may self-administer this medication.

Physician's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(All authorizations expire at the end of the school year).

Physician's address \_\_\_\_\_ Phone No. \_\_\_\_\_

*This form may be faxed, by your physician, to MVCS at (802) 295-3748.*

\*\*\*\*\*

### PARENT PERMISSION:

- I request this medication be given to the above-named child as prescribed by my child's physician.
- My child may self-administer his/her medication.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\*\*\*\*\*

OFFICE USE ONLY      Date Order Received: \_\_\_/\_\_\_/\_\_\_      Initials of School Official: \_\_\_\_\_